

MIAMI-DADE COUNTY
BLANKET PURCHASE ORDER

BPO ID: ABCW1000250

PRINT DATE: 12/24/2009

PAGE: 01

** ORIGINAL **

VENDOR ID: 261730427
JESUS MARTINEZ

PRIME VENDOR SET ASIDE :
SUBVENDOR GOAL : 00%

20458 OLD CUTLER RD # 125

PRIME VENDOR COMMITMENT: 00%

CUTLER BAY

FL 33189

SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

PLEASE REFER ALL QUESTIONS
CONCERNING THIS ORDER TO:
BORREGO AYLIN
(305) 375-3248

ITB ID

EXPR DATE
12/31/2010

DISCOUNT TERMS
NET30

CONTRACT AMOUNT
39,060.00

BID NUMBER
IB9185-3/13

ITEM COMMODITY ID

U/M

UNIT COST

001 910-39

LO

JANITORIAL/CUSTODIAL SERVICES

END OF ITEM LIST

AUTHORIZED DEPTS/USERS

AUTHORIZED DEPT:
CALLER ID

AD*****

CALLERS NAME

DOLLAR LIMIT

ALLOCATION:
PHONE NUMBER

\$39,060.00 () -

TERMS:

COSTS OF MANDATORY RANDOM AUDIT BY THE INSPECTOR GENERAL ARE
INCORPORATED INTO THIS CONTRACT AS 1/4 OF 1% OF THE CONTRACT
PRICE.

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THIS CONTRACT IS SUBJECT TO A USER ACCESS FEE UNDER THE COUNTY USER ACCESS PROGRAM (UAP) IN THE AMOUNT OF TWO PERCENT (2%). THE VENDOR PROVIDING GOODS AND SERVICES UNDER THIS CONTRACT SHALL INVOICE THE CONTRACT PRICE AND SHALL ACCEPT AS PAYMENT THEREOF THE CONTRACT PRICE LESS THE 2% UAP AS FULL AND COMPLETE PAYMENT FOR THE GOODS AND/OR SERVICES SPECIFIED ON THE INVOICE. THE COUNTY SHALL RETAIN THE 2% UAP FOR USE BY THE COUNTY TO HELP DEFRAY THE COST OF THE PROCUREMENT PROGRAM. VENDOR PARTICIPATION IN THIS INVOICE REDUCTION PORTION OF THE UAP IS MANDATORY.

THIS IS A BLANKET PURCHASE ORDER COVERING PERIOD FROM 01/01/2010 TO 12/31/2010 DELIVERIES AGAINST THIS PURCHASE ORDER SHALL BE MADE IN QUANTITIES AND TIMES AS REQUESTED BY THE DEPARTMENT DURING SAID PERIOD. INVOICING SHALL BE ON A PER ORDER (DELIVERY) BASIS OR ON A MONTHLY INVOICE BASIS. ALL ITEMS IN ACCORDANCE WITH BID PROVISIONS AND SPECIFICATIONS AND THE VENDOR'S QUOTE OR BID. ESTIMATED QUANTITIES AND/OR DOLLARS ARE FOR RECORD PURPOSES ONLY. NO GUARANTEE IS EXPRESSED OR IMPLIED AS TO QUANTITIES AND/OR DOLLARS THAT WILL ACTUALLY BE PURCHASED. THE VENDOR ACCEPTS ALL RISKS ASSOCIATED WITH USING THIS INFORMATION.

AUTHORIZED SIGNATURE: _____

** ORIGINAL **

DATE: _____

***** LAST PAGE *****